

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <span style="font-size: 1.2em;">09/672 440</span> APPLICANT(S)		FILING DATE	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
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TOTAL DEP.	36								
TOTAL CLAIMS	44								